MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

34494

1. PLACE OF DEATH

County Jackson — Registration District No. [illegible] — File No. [illegible]

Township Raw — Primary Registration District No. [illegible] — Registered No. [illegible]

City Kansas City (No. Senate Apartment Hotel St. ..... Ward)

2. FULL NAME Anna M. Wheeler ?

(a) Residence. No. Senate Apartment Hotel St. ..... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Judge Johl L. Wheeler

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 8, 1873

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	58	3	7	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany

PARENTS

10. NAME OF FATHER Daniel Hansell

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Jane Sams

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany

14. INFORMANT Mrs. F. W. Golden
(Address) Senate Apartment Hotel

15. FILED 10/16, 1931 M. M. Crowe
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 15 1931

17. I HEREBY CERTIFY, That I attended deceased from Aug Aug 24, 1931, to Oct 15, 1931 that I last saw her alive on Oct 15, 1931, and that death occurred, on the date stated above, at 12/30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Myocarditis (Chronic)

131
93C

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Nephritis Chronic

(duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH .....

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical

(Signed) T. McKyne, M. D.

10/16, 1931 (Address) 31st & Troost Ave

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Mt. Washington Cem	10-17 1931
20. UNDERTAKER	ADDRESS
Stine & McClure	3235 Gillham Plaza

N. B.—Every item of information should be carefully supplied. [illegible] should be stated EXACTLY. PERSONAL should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Wx. 3020